



**Provider Behavior Change
Implementation Kit:
Community Health Workers**

Question Matrix

		Data Sources				
Investigative Questions	Sub-Questions; Possible Survey Questions (reword as appropriate for different audiences)	CHW	Supervisors	Patients	Community	Documents
Expectations Questions						
Is the performance itself clear and unambiguous to performers?	Is it clear what services CHWs will provide?					
	Is it clear what services are <u>not</u> provided by CHWs?					
	Is there consistent definition and understanding of each service offered?					
Are there clear and measurable performance standards?	Are metrics for CHW performance during service collected? Are they shared with the individual performers? With their supervisors?					
	Are metrics for CHW performance collected after service has been completed? Are they shared with the individual performers? With their supervisors?					
Are the standards attainable?	Do performers consider the standards attainable?					
Are good models of behavior available? Do they know what success looks like and what failure looks like?	Is good performance clearly defined?					
	Is poor performance clearly defined?					
Is there sufficient feedback on performance to allow an experienced person to perform well?	Are there accepted standards for CHW performance during service delivery?					
	Is CHW performance observed periodically for immediate feedback?					
Are the objectives of the performance clear?	Are the public health goals affected by CHW delivery of services understood and accepted?					
What are the key gender relations related to setting expectations for CHW performance? What are the gender-based constraints on setting performance expectations?						



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<i>If expectations are not clear, why? What might be some of the reasons why expectations are not clear?</i>						
<i>Add any other expectations questions unique to your situation</i>						
Ability Questions						
Are the tasks and procedures that make up the performance understood?	Are the key services provided by CHWs defined?					
	Are the specific actions to accomplish those tasks clear?					
Are they logical?	Does the flow of tasks involved in each service optimize performance?					
Do the performers have the knowledge needed to perform well?	Is it clear what knowledge is needed to provide services?					
	Are CHWs tested on this knowledge? How regularly?					
	Is there an established way for new or updated knowledge to reach CHWs?					
Do performers have the skills to perform well?	Are the skills needed for CHWs to provide services clear?					
	Are CHW skills tested? How regularly?					
	How are new or updated skills acquired by CHWs?					
	Do the policies for recruiting and hiring of CHWs take the needed knowledge and skills into account?					
What are the key gender relations related to skills and knowledge acquisition and maintenance for CHW performance? What are the gender-based constraints on ability issues overall?						
<i>If there is a lack of ability on the part of the CHWs or those who supervise them, what might be contributing to this?</i>						
<i>Add any other ability questions unique to your situation</i>						
Opportunity Questions						
Is it clear what resources are needed, at minimum, to perform as expected?	Is it clear what supplies, equipment, teamwork and circumstances are needed to appropriately deliver services?					



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	Is it clear how much time it generally takes to deliver services properly?					
Are these resources regularly available?	Are the supplies needed to deliver services regularly available?					
	Is the equipment needed to deliver services regularly available?					
	Is there sufficient teamwork to allow CHWs to deliver services?					
	Is sufficient time available to deliver services for each patient(s)?					
	Are there reasonable expectations for the number of patients seen in a given workday?					
Are the settings for performance sufficient?	Are the services offered in locations with sufficient space, sanitation, privacy, and convenience to patients?					
Are the performers physically, mentally, and emotionally able to perform as expected?	Do the CHWs have the physical fitness required to delivery services appropriately?					
	Are there any emotional or mental issues inhibiting CHW's abilities to delivery services?					
Are members of the target population aware of the services offered?	Do potential patients know about the services CHWs provide?					
Do members of the target population have the opportunity to obtain services?	Are potential patients able to reach service locations? If not, what barriers do they face?					
What are the key gender relations related to patient access, environmental influences, and resource availability for CHW performance? What are the gender-based constraints on opportunity issues overall?						
<i>If there are environmental, social, or other barriers that keep CHWs or their supervisors from performing as expected, what might be driving these barriers?</i>						
<i>Add any other opportunity questions unique to your situation</i>						



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Motivation Questions						
Do the performers understand why good performance is important?	Do CHWs see a directly link between their work and public health goals?					
	Is there understanding and agreement on how the logic of how specific tasks and services that CHWs provide will improve public health?					
	Is the importance of each service (or tasks which make up a service) understood?					
Is there individual motivation to perform? Do the performers get something positive out of their taking action?	Are the motivations that drive CHWs to deliver service understood? What are the tangible motivations? What are the intangible motivations?					
	Do CHWs experience an increase in status as a result of their role?					
	Do the families of CHWs support them in their role?					
	Are their personal needs of CHWs that are fulfilled by service in role?					
Are there rewards in place for good performance?	Are there unique rewards for CHWs who demonstrate good performance?					
Are there consequences for poor performance? Are they meaningful to the performers?	What rewards are forfeit by poor performing CHWs?					
	Does the loss of rewards by poor performers inspire change in their practice or improvement in their future performance?					
	What are the consequences for continued poor performance by individual CHWs?					
Are there environmental or sociocultural influences that might impact performance?	Are there groups or individuals that oppose the services that CHWs typically provide?					
	Are there groups or individuals that oppose CHWs specifically for any reason?					
	Are there legal prohibitions against delivery of any services?					



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	Are there any negative consequences to CHWs for providing services?					
	Do values conflict with the delivery of services or the public health consequences of those services?					
Are communities committed to the goals and objectives of service as outlined in the logic model?	Does the community clearly understand the link between CHW services and the health goals of the community?					
Do communities support the activities of CHWs in providing services?	Does the community actively support the public health goals contributed to by the work of CHWs?					
	Do CHWs feel connected to the community they serve?					
What are the key gender relations related to motivation for CHW performance? Both motivation of the CHWs themselves and the motivation of the patients in seeking and receiving healthcare services? What are the gender-based constraints on motivation issues overall?						
<i>If there is a lack of motivation for CHWs to perform, what might be interfering with their motivation?</i>						
<i>Add any other motivation questions unique to your situation</i>						